THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLVI. WEDNESDAY, MAY 19, 1852. No. 16.

THE LATE DR. ROBERT THAXTER, OF DORCHESTER.

[Communicated for the Boston Medical and Surgical Journal.]

DR. ROBERT THAXTER has lived too long among us, he has been too well known and too highly respected, to be passed over in silence by this Journal. After a life of more than seventy-five years, and after devoting almost fifty years to the active and responsible practice of our profession, he has gone to his rest.

Dr. Thaxter was the son of Dr. Thomas Thaxter, of Hingham. The family of Thaxters were among the early settlers of that town, in 1638, and its members have been, in each of its successive generations, among the respected and influential citizens of that place.

Dr. Robert Thaxter was born on the 21st of October, 1776. He graduated at Harvard College in 1798. He studied medicine with his father at home. There were no public medical schools in the days of his pupilage, but he attended the private instruction in anatomy which Dr. John Warren then gave to a few students.

Dr. Thaxter entered the study of his profession with zeal, and pursued it with unabated ardor ; and he continued this more than usual fondness for his hereditary and chosen employment to the end of his life. He commenced practice with his father, in Hingham, in June, 1802. There seemed then to be sufficient employment for both. They certainly were sufficiently successful; but after seven years of joint labor, they thought the field too narrow for the mature and unabated energies of the elder, and the growing fame and ambition of the younger. Dr. Robert Thaxter, therefore, in August, 1809, moved to Dorchester. He was there immediately received into popular confidence, which he retained until his death. He soon was in active employment; and in a few years his professional practice was extended, not only through Dorchester, but into the neighboring towns of Roxbury, Milton, Quincy, and sometimes even into towns more remote than these. He retained some of his former practice in Hingham and Cohasset, especially in cases of surgery, in which he had a considerable reputation.

From the beginning even unto the end, his life was one of labor; and during the thirty years, from 1813 to 1843, his life was among the most laborious of the country physicians of Massachusetts. During

most of this period, his practice allowed him no leisure, and during several years, very little opportunity of rest.

In the later years of his life, the increasing population in his own vicinity, and the multiplication of physicians, limited the range of his practice, except in cases of consultation, to which he was called in other towns even to his last month.

In his early years, Dr. Thaxter was a diligent student of works on anatomy, surgery and medicine, and faithfully read the books of the time; and when the multiplied calls for active practice abroad left him little time for any continuous application to study, he continued to be, as he had been, a careful observer of the phenomena of disease. Having a good intellect, an extremely well-balanced mind, and a cautious habit of judgment, and although self-distrustful, yet relying with confidence in the principles which he had learned and the facts which he had seen, he drew safe deductions in regard to the cases that presented themselves to him. He was, therefore, always a judicious practitioner, and early established and afterwards maintained a high reputation as a physician.

His profession had no occasion for jealousy. It was his first and only love. He made medicine his almost exclusive study; and whenever he had opportunity, more than most other men, he made it the subject of conversation with his professional brethren, whose society he always sought. Even in his old age, when most men love to be rid of all thoughts of labor, he would enter into and carry on discussions of medical topics, with the readiness and interest of a neophyte.

Dr. Thaxter's great experience, his careful observation of disease, and his sound judgment and cautious habit of reasoning, recommended him to the confidence of his professional brethren, and they were glad of his aid in times and cases of doubt and difficulty. He was therefore called frequently as a consulting physician in Dorchester, and in the adjoining and even in the more distant towns. Yet he had no great self-confidence; he thought more of the cases which had baffled him, than of those which had prospered in his hands. He talked frequently of his own practice, but it was rather of his failures than of his successes; and, in his remarkable distrust of himself and deference towards others, he was continually seeking from his medical associates, even from those who were much younger than himself, for explanations of the difficulties which he had not been able to overcome.

Dr. Thaxter felt a high regard for his profession as such, and desired to obtain through it, and to give back to it, as much power over disease as possible. He felt a generous interest in the prosperity of others who were engaged in the same work with himself. He early joined the Massachusetts Medical Society, and was an active member until he was past three score and ten. He read a dissertation before this Society at its annual meeting, in 1824, on "the excessive use of ardent spirits." He was for many years one of its counsellors, and for three years its honored Vice President.

Dr. Thaxter had a strong hold upon the confidence of the people who employed him. Those who began with him, generally remained

with him. A large portion of the families who employed him when he came to Dorchester, continued to do so as long as they had need of his services.

Besides his professional character, which made him so useful to the people, his moral character was one of such great strength and purity as to secure the unwavering reliance and esteem, and ultimately the devoted attachment, of those who knew him. There was, first, his open downright honesty, his unflinching sincerity, that knew not how to flatter or to deceive by word or manner, even in the least degree, and that knew nothing but bald and exact truth. His patients, therefore, felt an unfaltering confidence, that what he said to them was the exact representation of the fact, as near as words could convey it. His only idea of language was to represent events that had happened, opinions that he held, or feelings that he had; and these he told, whether they coincided with those of his associates or not, whether they were agreeable or unsatisfactory to his companions, or whether they sustained or impaired his reputation. If he had doubts as to his treatment of a case that had been under his care, he told them to those who had suffered as well as to those who were indifferent. Some remarkable instances of this extreme honesty are known, concerning which some men, who think they have more worldly wisdom, would have held their peace. But so firmly had he established himself in the confidence of those who employed him, they had such unquestioning faith in his integrity, that very few families are known to have left him because he told them that possibly a different treatment from that which he had employed might have been more successful.

He had an extreme conscientiousness as to the right. Having determined what was best to be done, there was no difficulty, no labor, no fear of loss or of giving offence, that would deter him from it. He would not allow his own personal convenience, his comfort or his interest, to make any compromises with what he considered his duty. His families and his patients were therefore sure of his best skill and his most faithful watchfulness.

There was a nice sense of honor manifested in his intercourse with his professional brethren. He had a sort of intuitive perception of medical ethics, and obeyed them in their minutest details. Few physicians have, for so long a period, and so frequently, come in contact with so large a circle of their profession, without collision, and obtained from them such unvaried and entire respect.

Dr. Thaxter's heart was as warm as his head was correct. There was indeed a roughness in his exterior, a remarkable plainness in his sincere speech, amounting sometimes to bluntness, yet there was a warm tenderness within, an ever present and watchful desire to benefit others, to provide for their comfort or alleviate their suffering. He made rare sacrifices for the good of the distressed and the poor. He was their true and practical friend. Sometimes his patients not only needed medicine, but also peculiar and delicate kinds of food suited to their condition, which their families could not supply, or a degree of nursing which their poverty, or timidity, or want of skill prevented their

administering. In these cases he was ever ready to make up their deficiencies, giving not only drugs, but nutriment and extraordinary personal attention, where the least reward could be expected. In some families, while one member was sick, the others were necessarily hungry. Here his heart was touched, his hand was busy and his purse was open, and their distress was mitigated.

In the last few years, when the Irish population gathered more thickly about him, he was ready to attend to their wants. By night and by day, he was at their beck. His last sickness grew out of his attendance on some recent immigrants who had the ship fever. Their friends were frightened and fled ; but he remained their fast and fearless friend. He carried them food, he watched and nursed them, and performed for them such necessary and even offensive offices as their own kindred and countrymen denied them. Thus he took their disease, which in him proved fatal.

He was singularly utilitarian in his works of benevolence. He only looked to the relief of distress, or pain, or want, and did whatever was needed in the cases before him. Whether money, personal service, or bread, or clothing, or medicine were needed, that and that only was given ; but it was given generously, and in due proportion to the necessity of the case.

In his charities, his right hand knew not the doings of his left. Individually his gifts were not large, but they were numberless and continual, and, in the aggregate, they amounted to a great sum—they were measured and varied exactly to suit the occasion and the person in want. He made no great donations, none to societies, none to public institutions ; but the knowledge of his charities is in the secret and unrecorded history of his neighborhood and his sphere of association and practice.

His acts of kindness were done so quietly as to create as little feeling of obligation as possible. There was in him an almost morbid sensitiveness and aversion to any notoriety or even expressions of gratitude. He shrank from the mention of his kindnesses as if it were distasteful to him. The poor, the distressed, his patients, were free to tell him of their wants, but they seemed not to be free to tell him that it was by his hands that their wants were relieved, and that their hearts were overflowing with gratitude towards him. Some singular instances are known, where wants were generously supplied by him when the receiver of his bounty did not even know that such necessity existed, still less that the supply came from any extraneous source.

Dr. Thaxter was a firm believer in our holy religion. He was a member of the Unitarian Church. He was a faithful attendant upon the services of the Sabbath, and of the communion. He regarded Sunday as a day sacred to the Lord, and would attend to no business, even in his profession, on that day, which could, as well for the sick, be done on Saturday or Monday. Yet he was not a man to talk of his religious or his other deep feelings ; he rather practised that " pure religion and undefiled before God and the Father," which required him " to visit the fatherless and the widows in their affliction, and to keep himself unspotted from the world."

Dr. Thaxter was never married. He lived and died a bachelor. Yet in 1824, when his sister was left a widow with five small children, he took her and her family into his house, and there they remained as at a father's home. He cheerfully assumed and discharged the responsibility of supporting and training and educating these nieces and nephew with the tender interest and anxious faithfulness of a parent. They amply repaid him by their affectionate devotion and respect. They made his home social and cheerful, which otherwise would have been lonely and dreary.

Dr. Thaxter always had an unconquerable dread of a life of dependence and uselessness. In the course of his professional life he had seen many persons who had survived their activity, their physical strength and even their mental faculties, and had consequently lost their power of taking care of themselves, and become mere objects of interest, anxiety and affection, yet burdens to their friends and useless to the world. The thought of this condition was painful to him, and he earnestly hoped and prayed that his powers of body and of mind might be preserved to him until the last of his mortal life, and then that he might be spared the pains and the weariness of a protracted and wasting decay. A merciful Providence granted to him his prayer. He was in the habit of attending to business, though with diminished energy and to less extent, through the very last year of his life. He visited patients as usual daily, until Monday, the second of February last, although the fever had, even on that day, begun its work upon him. On Monday, he rose from his bed, visited his patients, and rode to South Boston, where he made a visit of charity, and carried relief to some poor friend, and then returned to his chamber; again on Tuesday he rode to Boston to attend to the business of a deceased friend, and visited some poor patients in his neighborhood, and then made his final return to his own chamber of sickness, which he never left again alive. On Wednesday he sank into a comatose state, and lingered without pain until Monday the 9th, when he died at 6 o'clock in the evening, as the flame of a lamp faileth when its oil is exhausted.

Dr. Thaxter had a remarkable and abiding affection for his native town, and for the scenes and associations of his childhood. Throughout life he retained his early veneration for his father, and fondly referred to him and quoted his opinions, even to the last of his days. What the father had been to the child, in his early years, an object of deferential love and undoubting respect, he remained ever afterwards to that son, even after he himself had become an old man and was looked up to, by the world, as full of wisdom as well as of years.

His original, affectionate and respectful regard for his native town and for the friends and families whom he had first known, was retained and cherished as long as his heart continued to beat. Though he was often called to cases of great professional responsibility, and often these were among those whose discriminating confidence was an honor, yet no calls gratified him more than those which carried him to Hingham, and especially to those families who, or whose fathers, had formerly put their trust in his own father. His ambition was pleased, that his professional reputa-

tion should call him so far from his residence to minister to the sick. Yet his heart was more gratified, that his father's friends, or his own early friends, or their children, still remembered him and wanted to put their trust in him in times of their suffering and danger. He visited Hingham on these and other occasions as a child goes back to his paternal home, from which his affections had never wandered, although his body and his intellect had found their sphere of action elsewhere. And when, on Thursday following his death, his friends carried his mortal remains to the land of his birth, and deposited them in the old family tomb in Hingham, they felt that they were accomplishing his long and unwavering desire, that at last he should be gathered unto his fathers, and his dust should be left to mingle with that of his ancestors, and his bones sleep forever where his heart had from the beginning most fondly dwelt.

E. J.

Dorchester, May 15th, 1852.

OSSEOUS REPRODUCTION AND REPARATION—REFLECTIONS THERON, WITH SUGGESTIONS.

BY GEO. J. ZIEGLER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

COMPLETE reproduction, or regeneration of the bones, has long been a subject of doubt with pathologists; but this cloud of uncertainty is being slowly dispelled, in consequence of the gradual accumulation of positive evidence in its favor, by the occasional occurrence of undoubted cases of such, reports of which have been, and are, from time to time, brought forward. Yet as this event is extremely rare, and seemingly a merely incidental issue of the recuperative efforts, and apparently an exception to the general rule, though doubtless strictly in accordance with the laws which govern all such conservative processes of the economy; there would appear to be but little practical instruction derivable from the knowledge within itself, of the fact; still, by thus teaching us the full capacity of the organism, and the extent of its regenerative powers and conservative energies, it will induce us to make more hopeful and decided efforts in the attempt to restore those partial losses and minor deficiencies, which would otherwise, from their extent and magnitude, seem to be almost insuperable and impossible. In addition to the certainty of complete regeneration, it is found that this power is greater in the long, than in the short and broad bones. Hence it is evident that, if nature unaided is occasionally adequate to the restoration of such extensive deprivations, judiciously aided by art she will more frequently and successfully exert to the fullest extent those recuperative energies with which she has been so bountifully endowed, and thus in preserving the organic structure, correcting its aberrations, and in supplying its deficiencies, ultimately accomplish all that was originally designed.

The knowledge, therefore, of the limits assigned to the organic regenerative forces, is undoubtedly highly valuable in teaching what is, and what

is not, possible. It is only by a close observation of nature that we are at all able to acquire that superior knowledge, necessary and essential to effectually aid her, in her too frequent labored and inefficient conservative and reparative efforts, and are able more rapidly to extend to the prescribed bounds those protective and remedial measures and processes, which science and art, through human ingenuity and intelligence, are so abundantly able to furnish and induce.

As the process for the restoration of the tissues generally, and the osseous tissues particularly, is somewhat analogous, if not usually, where it is accomplished by the re-production of the same material, essentially similar to that of the original development, instruction respecting its deficiencies and aberrations will be derived from a previous cursory consideration of this natural process of restoration. And as the phenomena of minute changes are always more clearly exhibited in those of an extensive and more definite character, our attention, therefore, will be more particularly directed to such as are manifested in the reparation of those solutions of continuity of the osseous structure so often resulting from accident.

This in the first place, like that of development, is also by means of a plasmatic exudation, within, between, and around the extremities of the disruptured part, analogous to and representing the first stage of ossification; then by means of vascular development and cell action in this plastic mass the cartilaginous transformation is effected; and finally, after this is sufficiently perfected, the third stage progresses by the deposition and arrangement in it of the calcareous matter; and the whole process of ossification and reparation is thus fully accomplished. In the very beginning of this reparative process, however, these mutations are perfected much more rapidly than subsequently, resulting in the production of that temporary attachment and support denominated the provisional callus, after which, in accordance with the organic laws for permanency of structure, there is a more limited and gradual exudation, conversion, and ultimate consolidation, by the construction and completion of the definitive callus or permanent connection, which action is attended with the coincident or subsequent absorption of the former temporary fabric.

In the reproductive effort where the lesion is of an extensive character, necessarily requiring a long period for its restoration, this temporary structure and support is also generally previously constructed, thus closely imitating the more strictly reparative process; in others, however, of a more limited character, it is analogous to that of the original development.

In the first place, therefore, for the more certain prevention and rectification of these solutions of continuity, and the successful accomplishment or induction of the above-mentioned emendatory processes, it is necessary to ascertain the character, condition and peculiarities of system and corollary circumstances, in which they are most likely to happen, and by which their continuance is controlled and governed, and upon which the failure of these restorative processes so often depends.

The general diathesis is usually dependent upon a degenerate state or tendency, or a deficiency of those substances and a necessary priva-

tion of that vital energy essential to the perfection of normal structure and healthy organic action.

In addition to this general depraved condition of the economy, there is a still greater proportionate tendency to these lesions of the osseous system, from the peculiarities of the structure itself. Thus the aberrations and diseases to which it is subject, and by which its tissue is so often modified and its integrity destroyed, are generally of an asthenic character, or assume this type in consequence of the predominancy of the tendency, from the density of its texture, its necessarily limited vascularity and proportionately low vitality, their frequent long continuance being to a great extent dependent on these peculiarities, and consequently often prolonged much beyond the period sufficient to destroy effectually the softer and more highly organized tissues; thus gradually not only consuming and exhausting the materials and energies of this particular structure, but those of the organism generally.

The special deficiencies of system and circumstances promotive of these abnormal deviations and conditions, either congenital or acquired, and separately or conjoined, are, to a great extent, the same as those noticed under the head of lesions of development and nutrition; yet, as there are some more peculiar to those under consideration, as previously stated, and in consequence of the importance of the subject, it is hoped that a partial repetition will be permitted. They are, first, an insufficiency of plasma, for the purposes of general nutrition and the special mucous or fibrous deposit; secondly, insufficiency of the inorganic constituents, calcareous especially; thirdly, sufficiency of both components, but unequal distribution and appropriation of them; fourthly, sufficiency and partial deposition, and conversion of one or both, but a premature subsidence of the local nervous and circulatory afflux and cell action before the restorative process is fully accomplished from inanition; fifthly, material moderate or even abundant, action regular and product normal, but an arrest of the second, and demolition of the part constructed, during the progress or subsequent to the completion of the restorative process, from the excessive waste or consumption in the system, or the intercurrence of some complicatory affection—thus by diversion of the nervous and vascular tendencies, absorption, local inflammation, or otherwise, causing a partial or complete destruction of the deposited and organized mass; sixthly, the abortion of the restorative or reuniting effort, in consequence of imperfect apposition or deficient circulation, &c., from the undue separation of the parts or extremities, by the mechanical interposition of foreign agents, as muscle, fragments of bone, hydatids, improper position, tight bandaging, &c.

In the effort at conservation and restoration, the reproductive agency can be active only to a limited extent, and is, *cæteris paribus*, so much the more powerful and efficient, as the loss or destruction of the original structure is gradual. Where this is sudden and extensive, as in amputations, the regenerative effort does not seem to be made, or, if made at all, is so very feebly exercised as to be unobservable; but where the destruction is slow, as in exfoliation, caries, necrosis, &c., and, to a certain extent, even when rapid, as in excisions, the recuperative forces are,

frequently, coincidently and proportionately active; and in the former, where there is a sufficiency of material and systemic energy, the diseased or dead bone is generally enclosed or circumscribed and gradually discharged, or directly thrown on the surface for its expulsion from the system, the organic action continuing till that which has been destroyed is partially or completely restored. But, as before stated, this effort at reproduction is often inadequate in consequence of the insufficiency of material and debility of the general system, the local affections becoming thus necessarily more prolonged and destructive, their protracted continuance being, probably, generally directly dependent on this deprivation, and from the constantly increasing exhaustion becoming thus more and more strongly confirmed, and rendering the system less capable of protecting or sustaining itself, until the cessation of the disease; and still less adequate to its arrest, which, when the materials and organic energies are sufficiently abundant and powerful, is usually moderated and controlled, and the losses readily restored by the regenerative action. Therefore it is evident, that by properly aiding nature, these processes will be greatly promoted, and the separation of the diseased or dead mass more effectually and speedily facilitated, though in those cases of necrosis in which the dead bone is usually enclosed, it would seem objectionable to thus favor its confinement; yet as this separation must necessarily take place, and in this mode which nature so frequently adopts, and as great injury to the economy, as well as to the particular structure, may result from the otherwise unavoidable protraction of the disease and consequent exhaustion, with the absolute certainty of the failure of the restoration, and probably ultimate destruction of life itself, it would appear better to thus hasten the separation and encourage the enclosure, especially as the sequestra can, if necessary, be effectually removed through artificial cloacæ.

[To be continued.]

FRACTURE OF THE SPINOUS PROCESS OF THE FIFTH CERVICAL VERTEBRA, CAUSED BY A SUDDEN STRAIN OF THE PARTS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—If you think the following case of sufficient interest to merit a place in your valuable Journal, please insert. Yours, &c.

Worcester, Vt., May, 1852. T. B. Ladd, M.D.

J. S., aged 30, was injured Aug. 18, 1850, under the following circumstances. Being engaged in a playful scuffle, he seized his antagonist by the leg, and was in the act of pushing him over backwards; and while in a stooping posture, he received a sudden twitch which threw him forward with considerable violence, the head being flexed upon the chest in such a manner that he struck upon the occiput, and then keeled over. All present agreed that he could not have received any direct blow upon the neck, as the ground was quite smooth. He imme-

diately found himself perfectly helpless. I saw him about three hours after the injury. Complete paralysis and anæsthesia of the body and limbs. Complained of severe pain through lower part of cervical region, extending to top of shoulders. Pressure at this point caused severe pain, as also did any attempt to bring the head forward, yet no deformity or crepitus could be detected. As I had but recently commenced practice, I sent a request to Dr. Deming, of Calais, to see the patient, in the mean time bleeding him from the arm, as he seemed rather plethoric. Dr. D. soon arrived, and made an examination with the same result as above stated.

Next morning febrile action had set in briskly. A catheter was now introduced for the purpose of relieving the bladder, the paralysis of which was found to be so complete that the urine could be made to flow only by the force of gravity. Our next care was to get his bowels to act. Saline cathartics were administered, but had no effect. We then resorted to croton oil, of which he took about twenty-five drops, assisted by stimulating enema, before catharsis was induced. Discharges involuntary. Febrile action soon began to abate. Bowels afterwards moved without much difficulty. In a few days, urine became alkaline and loaded with mucus; afterwards purulent, bloody and *very* offensive. During the first forty-eight hours he regained the power of *slight* voluntary motion in the fore-arm, after which there was no improvement whatever in motion or sensation. Cups were applied to back of neck, followed by continued counter-irritants. If the blister began to dry, the pain and lameness increased immediately; but under their continued use, both gradually subsided, so that during the last week of his life he could move his head quite freely, and with but little inconvenience.

In about ten days the febrile action mostly subsided, tongue cleaned and appetite returned; but his flesh wasted rapidly; in fact, the vital powers seemed to be slowly but steadily giving way. He now began to have paroxysms of dyspnœa from collections of mucus in the air-passages, over which he had but little control, the diaphragm having no antagonist. These became more frequent and distressing, until he sank at last exhausted, Aug. 25th, thirty-six days and a half after receiving the injury.

During the progress of the case, he was seen by Drs. Clark and Rublee, of Montpelier, in consultation, both diagnosing some injury to the spinal cord, the exact nature of which could not be made out.

Post-mortem Examination, ten hours after death, in presence of Drs. Deming and Rublee. Parts about neck much congested. Removed six inferior cervical vertebræ entire, when it was found that the spinous process of the fifth was fractured laterally through the lamina and pressed down upon the cord. The fragment was with some difficulty removed, in consequence of the inequalities of the broken surfaces. Cord appeared much flattened—membranes entire. On cutting across these, the substance of the cord was found to be mostly absorbed, and what remained was about the consistence of cream; below this point, as far as examined, *slightly* softened.

THE EMPIRE SPRING AT SARATOGA.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I wish to call the attention of the profession (through your valuable Journal) to the *New Empire Spring*. It has not been much used as a *remedial agent* until within the last five years, but is now rapidly coming into use. We have long felt the need of a water at Saratoga Springs which would be powerfully alterative, without the (iron) tonic ingredients.

Many of the invalids visiting our springs, have difficulties more or less involving the lungs, and they have found the free use of Congress water (which, by the way, is an invaluable medicine for many diseases) to produce a tightness of the chest, dry cough, and general febrile excitement, much to their annoyance. Lung diseases having greatly increased within a few years, we have felt an increasing embarrassment in prescribing our *iron* waters to patients laboring under such difficulties, and our attention was anxiously called to the *analysis* of the New Empire Spring.

The almost entire absence of our enemy (iron), and the harmonious combination of its ingredients, constrained us to think it no *mean water*, and as an almost providential discovery in our emergency—and so it has proved. After testing it for several years, we find our most sanguine hopes more than realized.

I am now using it with the greatest freedom in pulmonary diseases, and with the most satisfactory results. Instead of febrile action and a hot skin, I find in most cases a mild sudorific effect very soothing to my patients. In severe cases of dyspepsia, when the usual salutary effects of the other springs have failed, or have been too irritating, I have prescribed this with marked success.

Persons afflicted with scrofulous diseases are also using this water with the most signal improvement. Truly yours,

Saratoga Springs, May 4, 1852. L. E. Whiting.

PREVENTION OF SALIVATION.

[Communicated for the Boston Medical and Surgical Journal.]

I wish to communicate a fact to you that has recently fallen under my observation, which may be of some interest to the profession generally. All physicians are aware of the salivating effect of calomel, and of the inconvenience that arises from sore mouths and other irritating complaints that affect the patients. I have had several persons under my care to whom I have been obliged to administer calomel, which I have mixed with supercarbonate of soda, in the proportion of about twice the amount by weight of soda. To one patient in particular, whom I have attended for about ten weeks, I have given three grains of calomel with six grains of soda daily for five weeks, besides administering it frequently during the rest of the time. As yet he has not suffered at all from the salivating effect of the calomel, which has nevertheless been

very beneficial to him. Is it possible that these were all persons not susceptible to salivation? Or is the absence of salivation to be attributed to the supercarbonate of soda? GEORGE STEARNS.

Groton, Mass., May, 1852.

CHLOROFORM—PRACTICAL REMARKS ON ITS USE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Several deaths from the use or abuse of chloroform having been recently reported in the medical journals, the attention of the profession has very properly been directed to it. Probably, if the article in question were some inferior one in the materia medica, its fatal effects, in one such case as that which occurred at New Haven, would condemn its use at once, without any inquiry as to whether its bad effects might not have resulted from carelessness in its use. And even in the present case, many, on hearing of such results, unhesitatingly and uncompromisingly pronounce against the use of chloroform, asserting that, in ether, we have a safer, and, with some trifling exceptions, an equally good anæsthetic agent. Others, on the contrary, seeing that chloroform is much more speedy and sure in its effects, and more agreeable to the stomach, requiring to be used in smaller quantity than ether, are not disposed to give it up so readily, even in the face of such unpleasant results.

To this latter class, I must confess, I belong. I willingly admit that if it can be settled, beyond doubt, that there are some persons to whom chloroform, however carefully administered, is sure to prove fatal, and that it is impossible to tell beforehand in any case whether it may be inhaled with safety or not, there is no room for discussion; the inevitable conclusion is, that the use of chloroform should be abandoned entirely.

How, then, are these points to be determined? As the rationale of the effect of chloroform, in these untoward cases, is, as yet, not understood, the conclusion we come to must be entirely empirical.

We should naturally suppose that if there were those, who, from some constitutional idiosyncrasy, could not survive the effects of chloroform, they would be oftener met with by those who use it constantly. The cases alleged to be such, are, however, exceedingly rare. Where one surgeon, in a course of several years, has met with one unfortunate case, no such has ever occurred to hundreds of others, who have been in the daily and almost hourly practice of using chloroform. What, then, is the natural inference from such a fact? Is it not, that the unfavorable results on record are more likely to have been owing to negligence or carelessness on the part of the operator, than to any peculiarity of constitution in the patient? One thing, I think, is quite sure, that if there were such negligence of precautionary measures in a fatal case, it would not be reported to the profession. Hence some allowance must be made for mental reservation.

That much circumspection is necessary in the use of chloroform, is

admitted by its warmest advocates. Experiments on animals show conclusively, that, if given in excess, it will produce death. The same, however, is true of many other remedial agents in use, and is not considered a sufficient reason for their abandonment.

That some persons cannot bear so much as others, we admit; but it is equally true that they do not need as much. How, then, are we to determine, in a given case, when it will not be safe to allow a farther inhalation of the chloroform? Manifestly by the state of the pulse and respiration, and the appearance of the countenance. Let an assistant have, from the beginning, command of the pulse, and watch closely the breathing and the countenance, and in my opinion they will indicate to him, invariably, any unfavorable change in the patient requiring him to stop the administration of the chloroform.

Again, the mode of giving the agent I conceive to be, oftentimes, a cause of its untoward effects. The ordinary mode, in this country, is to pour upon a sponge, adapted to the purpose, from two to six drachms of the liquid, and then apply it to the mouth and nostrils so closely that little if any atmospheric air is likely to be breathed in with it. This I believe to be entirely wrong. The inhalation of more or less air with the vapor of chloroform is absolutely essential to the perfect safety of the patient. I have only wondered, on seeing the manner in which chloroform and ether are used at some of our institutions, that it did not oftener prove fatal. I have been in the habit of using it, from the time of its first introduction as an anæsthetic agent, until now, and have given it to those of almost every age, and, it seems to me, every variety of constitution, and never with any unpleasant results. I have given it repeatedly to infants not a year old, and often to persons of 80 years of age. I have frequently, in cases of protracted operations, kept patients under its influence from one to two hours, and have always used the article in its pure state. Whether it is owing to the fact that I have never met with one of the peculiarly unfavorable constitutions, or to the precaution which I observe in administering the chloroform, that I have never, in my own practice, witnessed any bad effects from it, I cannot of course tell. I attribute it, however, to the latter cause. Instead of a sponge, I use ordinarily a folded linen handkerchief, on which I pour about a teaspoonful of the liquid. I apply it, at first, loosely to the mouth and nostrils, thereby giving free access of the air to the lungs. Usually, the patient, after a few moments inhalation, is disposed to push the handkerchief away, which I allow him to do. In a short time, however, he becomes quiet and reconciled to its effect, and the chloroform being renewed in small quantities, as occasion may require, the anæsthesia is gradually brought on. When insensibility is produced, I cease giving the chloroform until the patient shows signs of coming to, when I apply it again, and so on until the operation, whether long or short, is completed. In this way, I believe, the anæsthesia may be produced with perfect safety, and continued to any reasonable length of time; and even if there are those (which I am not ready to admit) to whom, from constitutional peculiarities, the chloroform is not likely to prove agreeable, I think the ordinary precautionary measures will indi-

cate such idiosyncrasies to us, before any fatal effect will have been produced.

It is reported, that out of ten thousand cases, in which it was employed at St. Bartholomew's Hospital, not one death occurred from its administration. If the experience of surgeons in general, who have used it most, could be known, I presume it would be equally in favor of the safety of its use.

I sincerely hope, then, that an anæsthetic agent so valuable, will not be superseded by one less so, until the danger alleged to attend its general use shall have been more satisfactorily settled. G. Heaton.

Boston, May, 1852.

PURPURA HÆMORRHAGICA.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I was rung up yesterday morning, at 4 o'clock, by an Irish friend, who wished me to go and see his little daughter, who, he said, was bleeding from the nose, and they could not stop it. I found my patient bleeding, as represented, and also vomiting, every few moments, considerable quantities of the same vital fluid, which I felt satisfied could not all have been swallowed. She was *very* pale, with lividity of the lips, and a pulse that indicated a critical situation. The entire body and limbs were covered with purple spots, from the size of a flea-bite to that of the palm. I learned that she had generally been considered a healthy child, but had been unwell for two or three weeks, and during this time had been noticed to look yellow. For a few days past she had been troubled with diarrhœa, with little or no discharge of blood. She had bled slightly from the nose twice before the final attack. The case terminated in death at 6 o'clock the same evening. The remedies used were, locally, ice to forehead and back of neck, astringent applications to the Schneiderian membrane, and plugging the nose; with acetate of lead, turpentine and opiates internally. The treatment may have slightly retarded the fatal termination, but could not prevent it.

Taunton, May 9, 1852. C. Howe.

DEATH FROM THE USE OF CHLOROFORM.

[The following letter from one of our western subscribers gives the particulars of a case which was incorrectly alluded to in the "Miscellany" in a late number of this Journal.—Ed.]

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I wish to correct a mistake which I find in the Boston Medical and Surgical Journal of the 28th April ult.—to wit, that I had incidentally mentioned having lost my wife by the inhalation of chloroform, two years ago. I will likewise state that it is the same case that was published in the Journal as having transpired two years ago last

August, in Detroit, which was also a mistake. I last fall wrote to a medical gentleman in Boston, giving a history of the disease of a friend who is laboring under a complication of diseases, and, among other things, mentioned depression of mind in consequence of having lost his wife by inhalation of chloroform. The ridiculous light in which I must appear to the readers of the Journal, for letting the case pass over two years without notice, and then merely mentioning it incidentally, induces me now to write to you. I neglected reporting the case at the time, to spare the feelings of a young man, my colleague, who was extremely sensitive on the subject, and who strongly objected to my reporting it for fear of injury to himself; but as there have many misstatements gone abroad in regard to the case, I will give a brief detail.

I will premise that I had repeatedly been present when he had administered chloroform with the most happy effect in minor operations. In this instance, he gave a drachm on a handkerchief, which the patient inhaled without any apparent effect, and he then added about half a drachm, I watching the effect closely. After inhaling again a few times, she said she felt the effect a *little*, but the operator and myself could not perceive any influence. Yet willing she should think that she would not experience any pain, the instrument was applied, and as the tooth was extracted she raised her hands to her face and exclaimed, "Oh!" then letting her hands drop, she sat erect about six seconds, when her head dropped upon her breast. I felt for her pulse, but there was none. She respired not more than three or four times, and was dead! It did not exceed three minutes from the first inhalation until life was extinct. That the effect of chloroform was progressive in this case, is certain. I could detail many circumstances relating to the case, such as age, complexion, apoplectic predisposition, and other physical matters, but do not conceive it to be of interest in these days of chloroform. I will add that she was a resident of Detroit, but was in this place on a visit.

Respectfully yours, A. E. Noble.

Port Huron, Mich., May 10, 1852.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 19, 1852.

Treatment of Consumption. — With all the alleged remedies and proposed palliatives, this disease still defies the skill of the profession. Irregulars are managing a profitable business, simply because sufferers by consumption have no confidence in any order of educated physicians, whether of the old school or new. No one is blameable for this state of things, and yet it is excessively mortifying that accomplished, learned practitioners cannot compete with ignoramuses who never read a book in their lives. We are told that the reason why such adventurers are employed by those who ought to set a better example, and show some respect for a well-taught, laborious, conscientious medical adviser, is that the profession has not made a single advance in regard to the treatment of

pulmonary consumption since the days of Galen, and therefore it is justifiable to call upon those who are trying to improve upon the little they do know. Thus quacks are supposed to be advancing, while we stand still, in the dignity of insulted majesty, feeling that our rights have been invaded by knaves. This impression is extensively radiating; and if we cannot make any judicious movements in this particular line of medication, our services will ultimately be wholly dispensed with, and a further mortification may be expected. Persuading patients to go south to die, or urging them to remain at home in the midst of their friends, effects no cures. Why would it not be advisable to give them an opportunity to try the influence of an extreme northern location? Our medical friends have not experimented in that direction, and consequently the field is open for a beginning. Without assigning reasons for suggesting this plan, there are strong ones for believing that beneficial results might be calculated upon by adopting this new course. If any of our correspondents have made explorations, and ascertained what might be expected, good or bad, from placing consumptives at the north of Quebec, at an early period of the disease, it would be extremely gratifying to hear from them.

Progress of Medicine in America.—Whatever of importance is discovered in Europe is quickly propagated in the United States. Youthful as the institutions of this country are, they contain the elements of thrift. They encourage the search after knowledge from all parts of the globe, and its diffusion among the people. This is the way to have a nation of intelligent minds. True prosperity and happiness depend upon education, and the moral nature is strengthened and matured by those processes which unfold the innate powers of intellect. The more science we have in practical medicine, the more we shall want; and predicating its future state upon this acknowledged principle, it is probable that this comparatively new region of the world is destined to take the lead in coming ages, in medical literature and science, as is now done by London and Paris. At present no section of Europe can boast of a higher order of professional talent, or greater devotion to the interests and advancement of whatever pertains to the healing art, than America. It is quite wonderful, since the organization of the United States government, still within the recollection of many living witnesses, how much has been accomplished among us, Schools, books and libraries have multiplied astonishingly, and within fifty years far more has been gained for science and humanity than marked the progress of the same pursuits in Europe in two centuries. But this is due in a measure to the industry of the fatherland. We shine in too many borrowed plumes. Respecting the number and activity of our schools of medicine, no comments are here necessary; since it is obvious that, while they are too numerous for themselves as well as the public, they actually give an onward and upward tone to the progress of the doctrines they teach. While the old countries, therefore, are approaching their dotage, young America is full of life and vigor. Medicine in America cannot lose its character, nor permanently deteriorate. The weeds of opposition may interfere for a time with its growth and choke it, but it will live, expand and benefit the nations. In no one branch of human acquirements, we are inclined to think, will these United States take a more pre-eminent rank, in future years, than in medicine. If our

present condition is any indication of progress, there is no limiting the extent of our successes in this noble, but at present imperfectly appreciated science.

New Medical Journals.—Notwithstanding the overstock of medical periodicals, several new ones are already projected, and a further subdivision of patronage must necessarily follow to sustain them all. It is quite surprising that such a flood of Thomsonian and other kindred anomalies, under the general name of *reformed practice*, can be sustained. Yet from the fact that many of them have been published several years, uninterruptedly, it is clear that somebody pays for them. There are nearly if not quite as many monthly Journals of this cast, in the United States, as of the legitimate kind. It is but a little while since the first homœopathic periodical was issued. It was uniformly noticed as a sickly plant, that would wilt and die under the sunshine of true science. Contrary, however, to the prediction, it is alive, and seven others have sprung up, boasting of a vigorous constitution. When each man and woman has a Journal to be the exclusive organ of their individual opinions on medicine, the millennium will be near at hand. At the present rate of multiplication, the tendency is to provide each one with a sheet that heralds his views and theories, without reference or deference to the accumulated wisdom of others.

Medical Movements.—The chair of Theory and Practice in the Philadelphia College of Medicine has been vacated by the resignation of Prof. Thomas D. Mitchell.—Dr. Walter Channing, of Boston, sailed last week for a pleasure tour in Europe.—Dr. H. A. Ramsay, of Georgia, has issued another card, directed to medical men, in regard to his difficulty with Dr. Robertson, in which he says, "*I am fast going to the spirit land.*" Dr. Mott has resigned his place.

Progress of the Plague.—For some months the plague has been doing its destructive work in Madeira. More recently the frightful malady has been developed in some of the West India islands. It will most probably reach the United States, and a great panic will be produced when the first case appears.

Norfolk District Medical Society.—This Society held its annual meeting at Dedham, on Wednesday the 12th inst., and elected the following officers.

Dr. Ebenezer Alden, of Randolph, *President.* Dr. Appleton Howe, of Weymouth, *Vice President.* Dr. Edward Jarvis, of Dorchester, *Secretary.* Dr. Danforth P. Wight, of Dedham, *Treasurer.* Dr. Lemuel Dickerman, of Medfield, *Librarian.*

Drs. Ebenezer Stone, of Walpole; Henry Bartlett, of Roxbury; Benjamin Mann, of Foxboro'; Stephen Salisbury, Jr., of Medway; Christopher C. Holmes, of Milton, *Censors.*

Drs. Ebenezer Stone, of Walpole; Henry Bartlett, of Roxbury; Benj. Mann, of Foxboro'; Danforth P. Wight, of Dedham; Ebenezer Woodward, of Quincy; Jonathan Ware, of Milton; Simeon Tucker, of Stoughton; Edward Jarvis, of Dorchester, *Counsellors.*

Drs. Erasmus D. Miller, of Dorchester; Erastus H. Clapp, of Wrentham, *Committee of Supervision.*

Dr. B. E. Cotting, of Roxbury, read an able and instructive address on the necessity of more careful study of the natural history of disease, and the danger of too great reliance upon the efficacy of medicine, and too little on the natural limits of disease. The address was replete with cautious reasoning and wise suggestions.

The Society requested a copy of the discourse for the press and distribution among the members.

Dr. Jarvis read a report of the committee appointed last year to petition the Legislature to grant more facilities to the people of Norfolk county for the admission of their lunatics into the State Lunatic Hospital. The committee had petitioned the General Court for this purpose, but their request had not been granted.

The committee made a report upon the present law for the admission of patients into that institution. It seems that the law provides for the admission of only three classes of patients.

1. Those who are "so furiously mad as to be manifestly dangerous to the peace and safety of the community to be at large." These are committed by the courts.

2. Paupers, sent by the overseers of the poor.

3. Poor persons, whose cases are recent. These can be admitted by the trustees.

No provision appears to be made for the admission of mild and harmless cases, unless they are paupers, or unless they are poor and their diseases are of short duration.

The Society voted unanimously to petition the next Legislature to authorize some other officers, in addition to those now empowered, to examine cases of lunacy and grant permission to enter the hospital. They voted also to petition the Legislature to alter the law so that mild and harmless cases may be legally admitted, and the law conform to the present custom, which is right in this respect.

They voted that the petition be signed by each member and be presented by the President and Secretary, and also that each member be requested to use his influence with the representatives who shall be elected from his town or city, and the senators who shall be within his sphere, to induce them to aid in this measure.

A petition was drawn up for these purposes and signed by all who were present, and will be sent through the county before the next session of the General Court.

The Society voted to discuss in free conversation the subject of autumnal diseases, at its next meeting, in November.

Dorchester, May 18, 1852. EDWARD JARVIS, *Secretary.*

American Medical Association.—We are indebted to the politeness of the Editor of the New Jersey Medical Reporter for printed slips containing a condensed report of the proceedings of the late meeting at Richmond. We have space this week for only a small portion of the report. The Association met in the Second Presbyterian Church, the President, Dr. Moultrie, of Charleston, S. C., in the chair. A committee of one from each State nominated the following officers for the present year, and they were duly elected. *President*—Beverlly R. Welford, M.D., of

Virginia. *Vice Presidents*—Jonathan Knight, M.D., of Connecticut; James W. Thompson, M.D., of Delaware; Thomas S. Simons, M.D., of South Carolina; Charles A. Pope, M.D., of Missouri. *Treasurer*—D. Francis Condie, M.D., of Pennsylvania. *Secretaries*—Drs. P. Claiborne Gooch, of Virginia; Edward L. Beadle, of New York. *Committee of Publication* — Drs. D. F. Condie, Isaac Hays, Isaac Parrish, G. Emerson, G. W. Norris, of Pennsylvania; P. C. Gooch, of Virginia; E. L. Beadle, of New York. *Committee of Arrangements*—Drs. T. Campbell Stewart, John Watson, Wm. Rockwell, James R. Wood, Rob't Watts, Jr., Alfred Post, John G. Adams, H. D. Bulkley, all of New York, where the Association is to meet next year.

Dr. Hayward presented the report from the Committee on Prize Essays, and broke the seal of the packet, containing the name of the author of the essay entitled, "On Variations of Pitch in Percussion and Respiratory Sounds and their application to Physical Diagnosis," which was deemed worthy of the prize. The author proved to be Dr. Austin Flint, of Buffalo, New York, to whom the prize was awarded, and the report referred to the Committee of Publication.

Reports of various other committees were presented and also referred to the Committee of Publication. A communication from the New York Academy of Medicine, respecting the clinics of medical colleges, was referred to the same committee. The subject of amending the Constitution of the Association elicited, as was anticipated, much discussion. The following extract will explain briefly what was done.

"The subject of altering several important provisions of the constitution having been presented in a majority and minority report, both submitted by different portions of a committee, to whom the subject was referred last year, claimed a considerable share of attention in the Association, and much interesting discussion ensued in which some of the most distinguished men of our profession participated; and the Committee who were charged with condensing the subjects of both reports into one, so far as they could be made compatible with each other, presented a series of well-digested propositions, which, after free discussion and some alterations, were laid on the table till next year, then to be taken up and finally acted upon. These propositions embrace the absorbing question of delegation, and present a conservative policy, which may probably be adopted, as it is evident the Association is not yet fully prepared to exclude the schools from a representation at its meetings."

A fully developed fœtus was taken from the body of a woman at Utica, New York, who recently died at the age of 77. She had carried it 46 years! The particulars are promised.

DIED,—In New York, Geo. H. Kingsbury, M.D., 30.

Deaths in Boston—for the week ending Saturday noon, May 15, 66.—Males, 37—females, 29. Disease of bowels, 1—disease of brain, 1—congestion of brain, 2—consumption, 15—convulsions, 3—debility, 1—diarrhœa, 1—dropsy, 2—dropsy of brain, 2—drowned, 1—erysipelas, 3—scarlet fever, 2—hooping cough, 1—disease of heart, 4—hemorrhage, 1—intemperance, 2—infantile, 4—inflammation of lungs, 8—disease of liver, 1—measles, 1—palsy, 2—rheumatism, 1—disease of spine, 1—inflammation of stomach, 1—suicide, 1—teething, 2—tumor, 1—unknown, 1.

Under 5 years, 18—between 5 and 20 years, 6—between 20 and 40 years, 25—between 40 and 60 years, 15—over 60 years, 2. Americans, 25; foreigners and children of foreigners, 41. The above includes 10 deaths at the City institutions.

Post-mortem Examinations for Legal Purposes.—The following law was enacted by the Legislature of South Carolina at its last session.

"*An Act to provide by Law for the Compensation of Physicians for Post-Mortem Examinations.*—Be it enacted by the Senate and House of Representatives now met and sitting in General Assembly and by authority of the same, That the following compensation shall hereafter be allowed to any physician who may be called in by the acting coroner to make a post-mortem examination, to wit: Where death has resulted from external violence, and where no dissection is required, the sum of ten dollars; where dissection is necessary, and no interment has taken place, twenty dollars; for the same, after one or more days' interment, thirty dollars; for the same, when any chemical analysis is required, a sum not exceeding fifty dollars, together with the expense of such analysis; and that in every case in which a physician shall be called to any distance beyond one mile, he shall be allowed the mileage usually charged in his neighborhood: Provided, that in all cases in which chemical analysis shall be made, the physician who shall make the post-mortem examination shall furnish to the Legislature, with his account, a full statement of such analysis: And, provided, every account presented for services for any post-mortem examination, shall have the certificate of the coroner, or magistrate acting as coroner, that the services were rendered."

Disinfecting Property of Chloroform.—Dr. Auguna, of Constantinople, in a Memoir (sopra una nuova proprietà del cloroformio), establishes the excellence of chloroform as a disinfecting agent, and shows, by reference to some highly interesting experiments, how this, its newly-discovered virtue, distinguishes chloroform from the older anæsthetic sulphuric ether. Taking three wide-mouthed and thoroughly clean bottles, Dr. Auguna placed in one a small quantity of chloroform, and in another a small quantity of sulphuric ether; while into both he introduced a piece of the muscle of the ox. The muscle was placed in the third bottle, but no fluid was added; the three were then accurately closed. It was soon observed that the color of the flesh in the bottle containing chloroform changed from a deep red, its original hue, to a vermilion shade, but that the muscle in the bottle containing ether remained unchanged. At the termination of a week, the effect was still more clearly displayed; while the flesh in the bottle of air remained unaltered, that in contact with the chloroform had assumed the appearance of cooked meat. Upon opening the bottles, the flesh in the ether, and that in the air, exhaled a most offensive odor, and was itself far advanced in putrefaction. Not so that preserved in chloroform; it remained still undecayed, and possessed no smell, save that peculiar to this fluid. It is not only over flesh, but over fruits and seeds, that Dr. Auguna has found chloroform to possess an antiseptic property. Dr. Auguna estimates that $\frac{1}{200}$ of chloroform is sufficient to oppose the putrefaction of a piece of fresh muscular fibre.—*Gazetta Medica Italiana.*

Appointment in the University of New York.—We have great pleasure in announcing that the chair of Anatomy in the University of New York, vacated by the death of Dr. G. S. Pattison, has been filled by the appointment of Dr. Wm. H. Van Buren, a gentleman admirably calculated to occupy, with credit to himself and profit to the school, so distinguished a post.—*Philada. Med. Examiner.*